DECLARATION FOR PATENT APPLICATION			Docket Number (Optional)
As a below named inventor, I hereby declare that:		•	1691.35
My residence, post office address and citizenship are as stated below next to my name.			
I believe I am the original, first names are listed below) of the	and sole inventor (if only one name subject matter which is claimed an	e is listed below) or an origin d for which a patent is sough	al, first and joint inventor (if plural at on the invention entitled, the specification of which
is attached hereto unless the formula was filed on	ollowing box is checked as United States Ap	plication Number or PCT Int	ernational Application
Number	ved and understand the contents o	n	
amended by any amendment re I acknowledge the duty to disclo I hereby claim foreign priority be certificate, or § 365(a) of any PO below and have also identified to	eferred to above. use information which is material to enefits under 35 U.S.C. § 119(a)-(d	patentability as defined in 3 l) or § 365(b) of any foreign a designated at least one coun eign application for patent or	7 CFR § 1.56. application(s) for patent or inventor's try other than the United States, lister inventor's certificate, or PCT
:		•	
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed	
I hereby claim the benefit under	35 U.S.C. § 119(e) of any United S	tates provisional application	(s) listed below.
	, Circ. D	<u> </u>	
(Application Number)	. (Filing 0		
(Application Number)	(Filing Da	•	of any PCT International application
(Application Number)	(Filing Da	(Stat	us patented, pending, abandoned)
(Application Number)	(Filing Da	(Stat	us patented, pending, abandoned)
I hereby appoint the following atternation and Trademark Office con	orney(s) and/or agent(s) to prosect nected therewith:	ute this application and to train	nsact all business in the
Joseph L. Straba			
Address all telephone calls to	oseph I. Strabala	at telephone number _	(415) 981–8083
Address all correspondence to 1	aw Offices of Joseph ne Embarcadero Cente	r Suite 1020	<u>.</u> .
	an Francisco, CA 941		
I hereby declare that all statemen	s made herein of my own knowled	ge are true and that all state	ments made on information and
belief are believed to be true; and	further that these statements were	made with the knowledge th	nat willful false statements and the
like so made are punishable by fir			
such willful false statements may	eopardize the validity of the application	ation or any patent issued the	ereon.
Full name of sole or first inventor Inventor's signature	(given name, family name)	Date June	2003
	Hwa Rd		
Post Office Address		-	
	TAIWAN	• ,	
Full name of second joint invento	r, if any (given name, family name)	Data	
Second Inventor's signature Residence		Citizenship	
		• • • •	
',			
Additional inventors are being	g named on separately numbered	sheets attached hereto.	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistance Quality and Enhancement Division. Patent and Trademark Office, Washington, DC 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (Project 06S1-0032), Washington, DC 20503, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.